

00/80/60
1c846 U.S. PTO

09-1-00

A/Reissu

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (4/98)
Approved for use through 09/30/2000. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	20030/40:2
First Named Inventor	Michael G. West
Original Patent Number	5,805,233
Original Patent Issue Date (Month/Day/Year)	September 8, 1998
Express Mail Label No.	EL639405590US

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52) (unsigned)
- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribbonded Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- * Small Entity ☐ Statement filed in prior application,
Statement(s) ☐ Status still proper and desired
(PTO/SB/09-12)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ Other: Applicant requests a transfer of drawings from the original patent file to the reissue application.

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

3528

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Richard B. Preiss				
	Stoel Rives LLP				
Address	Suite 2600				
	900 SW Fifth Avenue				
City	Portland	State	Oregon	Zip Code	97204
Country	USA	Telephone	(503) 294-9124	Fax	(503) 220-2480

NAME (Print/Type)	Richard B. Preiss	Registration No. (Attorney/Agent)	36,640
Signature	Richard B. Preiss	Date	9/8/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

20030/41:2

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 25	**** 5 =	x \$	=	or	x \$ 18 = 90.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 4	* 1 =	x \$	=	or	x \$ 78 = 78.00
Basic Fee (37 CFR 1.16(h))				\$			\$690.00
Total Filing Fee				\$		OR	\$858.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=	or	x \$ =
Total Additional Fee				\$		OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

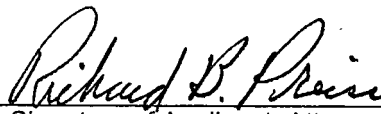
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-4455.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 858.00 to cover the filing / additional fee is enclosed.

9/8/00

Date



Signature of Applicant, Attorney or Agent of Record

Richard B. Preiss, Registration No. 36,640

Typed or printed name

JC406 U.S. PTO

09/660435



09/08/00

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

20030/41:2

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 25	**** 5 =	x \$ ____ =		or	x \$ 18 = 90.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 4	* 1 =	x \$ ____ =			x \$ 78 = 78.00
Basic Fee (37 CFR 1.16(h))					\$ ____		\$ 690.00
Total Filing Fee					\$ ____	OR	\$ 858.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee					\$ ____	OR	\$ ____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

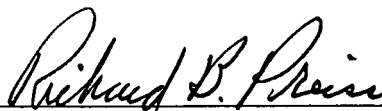
☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-4455.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 858.00 to cover the filing / additional fee is enclosed.

9/8/00

Date



Signature of Applicant, Attorney or Agent of Record

Richard B. Preiss, Registration No. 36,640

Typed or printed name

008060-090800

Application No.:

Filed:

Inventor:

Title:

Michael G. West

METHOD AND APPARATUS FOR AUTOMATIC PIXEL
CLOCK PHASE AND FREQUENCY CORRECTION IN
ANALOG TO DIGITAL VIDEO SIGNAL CONVERSION

Art Unit:

Examiner:

Attorney Docket No.:

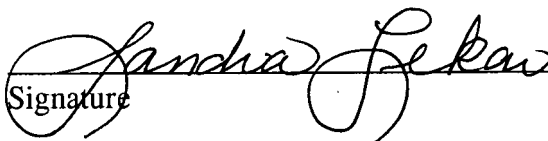
20030/41:2

CERTIFICATE OF EXPRESS MAILING

"Express Mail" mailing
label number EL639405590US

Date of Deposit September 8, 2000

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE ON
THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE
ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON,
D.C. 20231


Signature

SANDRA LEKAR

Typed or printed name of person signing
certificate

Attachments:

- [X] Reissue Patent Application Transmittal, Reissue Application Fee Transmittal (in duplicate); 18 pages of specification and claims; five sheets of drawings; Reissue Application Declaration by the Inventor; Reissue Application Declaration by the Assignee, Offer to Surrender Patent; Statement Under 37 CFR 3.73(b); Information Disclosure Statement; Form PTO-1449; cited references; a check for \$858.00; and a return receipt postcard.